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December 30, 2004

David Saliwanchik
David R. Saliwanchik, Patent Attorney

PETITION AND FEE FOR EXTENSION
OF TIME UNDER 37 CFR 1.136(a)
Examining Group 3764
Patent Application
Docket No. GJE-75
Serial No. 09/889,940

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DEC 30 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Fenn Mathew
Art Unit : 3764
Applicants : Stephen George Edward Barker
Serial No. : 09/889,940
Conf. No. : 4604
Filed : July 25, 2001
For : Protective Cover for Injured Limbs

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION AND FEE FOR EXTENSION OF TIME
UNDER 37 CFR 1.136(a)

Sir:

The applicant requests that the period for response be extended one month through and including January 21, 2005. An Amendment Under 37 CFR 1.116 accompanies this Petition. Please charge the fee of \$120.00 to Deposit Account 19-0065.

Any additional fees as required by 37 CFR 1.16 or 1.17 should be charged to Deposit Account No. 19-0065.

Respectfully submitted,

David Saliwanchik

David R. Saliwanchik
Patent Attorney
Registration No. 31,794
Phone No.: 352-375-8100
Fax No.: 352-372-5800
Address: P.O. Box 142950
Gainesville, FL 32614-2950

DRS/la

Attachment: Amendment Under 37 CFR 1.116

JASH-RESPGJEVGJE2/GJE-75-2EXT.DOC/DNBM

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/889940

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	10 minus 20=	
INDEPENDENT CLAIMS	7 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

If the difference in column 1 is less than zero, enter "0" in column 2

1/8/01

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Minus			
Total	20	Minus	20	0
Independent	2	Minus	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Minus			
Total	20	Minus	20	0
Independent	2	Minus	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Minus			
Total	20	Minus	20	0
Independent	2	Minus	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 3.

SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
OR		OR	
BASIC FEE		BASIC FEE	94
XS 9=		XS18=	
X40=		X80=	
+135=		+270=	
TOTAL		TOTAL	314

SMALL ENTITY		OTHER THAN SMALL ENTITY	
OR		OR	
RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		XS18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

RATE		RATE	
ADDI- TIONAL FEE		ADDI- TIONAL FEE	
XS 9=		XS18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

RATE		RATE	
ADDI- TIONAL FEE		ADDI- TIONAL FEE	
XS 9=		XS18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	